Filli	in this information to identify the c	ase:		
Deb	tor name Southern Inyo Healt	hcare District		
Unite	ed States Bankruptcy Court for the:	EASTERN DISTRICT OF CALIFORNIA		
Case	e number (if known) 1:16-bk-1001	5-FEC		
			•	Check if this is an
				amended filing
	cial Form 206D			
Sc	hedule D: Creditors	Who Have Claims Secured by Pro	operty	12/15
	complete and accurate as possible.			
	any creditors have claims secured by o		Dobtor has nothing also to	roport on this form
	■ Yes. Fill in all of the information be	ge 1 of this form to the court with debtor's other schedules. I	Debior has nothing else it	report on this form.
Part				
		o have secured claims. If a creditor has more than one secured	Column A	Column B
	n, list the creditor separately for each claim		Amount of claim	Value of collateral
			Do not deduct the value of collateral.	that supports this claim
2.1	General Electric Capital	Describe debtor's property that is subject to a lien	\$32,320.26	Unknown
	Creditor's Name	One (1) GE Healthcare Proteus X-Ray Xe/A 65		
	800 Long Ridge Rd. Stamford, CT 06927	W Radiographic System		
	Creditor's mailing address	Describe the lien		
		Non-Purchase Money Security		
		Is the creditor an insider or related party?		
	One disculation of the delegant of the same	■ No		
	Creditor's email address, if known	☐ Yes Is anyone else liable on this claim?		
	Date debt was incurred	■ No		
	November 2012 Last 4 digits of account number 7056	☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		
	No	☐ Contingent ☐ Unliquidated		
	Yes. Specify each creditor, including this creditor and its relative priority.	☐ Disputed		
2.2	General Electric Capital		¢22 000 0E	Unknown
	Corporation Creditor's Name	Describe debtor's property that is subject to a lien One (1) GE Healthcare GE Optima CT 660	\$32,808.85	Ulkilowii
		System and (1) Fisher healthcare Vitros		
	800 Long Ridge Rd.	Chemistry System and One (1) GE		
	Stamford, CT 06927	Healthcare Mobile CT Scanner, etc.		
	Creditor's mailing address	Describe the lien		
		Purchase Money Security Is the creditor an insider or related party?		
		No		
	Creditor's email address, if known	□Yes		
	Date debt was incurred	Is anyone else liable on this claim? No		
	November 2014	■ No ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Last 4 digits of account number 8321	33. Fill dat Solidate Fil. Sociolo (Cilicia Form 2001)		

Official Form 206D

Debtor	Southern Inyo Healthcare	e District Cas	se number (if know)	1:16-bk-1001	5-FEC
	Name				
	o multiple creditors have an sterest in the same property?	As of the petition filing date, the claim is: Check all that apply			
	No	☐ Contingent			
	Yes. Specify each creditor,	☐ Unliquidated			
in	cluding this creditor and its relative riority.	■ Disputed			
	lealthcare Conglamorate				
	associates	Describe debtor's property that is subject to a lien		Unknown	Unknown
С	reditor's Name	Accounts Receivable and healthcare			
		receivables, including but not limited to			
		private insurance payments, managed of			
	69 N. Cherry Street ulare, CA 93274	payments, and payments from governm payors, including Medi-Cal and Medicar			
	reditor's mailing address	Describe the lien			
O	reditor 3 maining address	Non-Purchase Money Security			
		Is the creditor an insider or related party?			
		■ No			
C	reditor's email address, if known	☐ Yes			
	,	Is anyone else liable on this claim?			
D	ate debt was incurred	■ No			
J	anuary 2016	☐ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 2)	206H)		
	ast 4 digits of account number				
	o multiple creditors have an	As of the petition filing date, the claim is:			
_	nterest in the same property? ■	Check all that apply Contingent			
_	No	☐ Unliquidated			
in	Yes. Specify each creditor, cluding this creditor and its relative riority.	☐ Disputed			
	lealthcare Resource				
フムー	Group, Inc.	Describe debtor's property that is subject to a lien	•	209,028.92	Unknown
	reditor's Name	All accounts, equipment, inventory, and	<u></u>		
_	571 Altura Blvd.	rents.			
	Buena Park, CA 90620				
С	reditor's mailing address	Describe the lien			
		Non-Purchase Money Security Is the creditor an insider or related party?			
		No			
_	raditaria amail address if known	■ No □ Yes			
C	reditor's email address, if known	Is anyone else liable on this claim?			
D	ate debt was incurred	■ No			
J	uly 2015	☐ Yes. Fill out Schedule H: Codebtors (Official Form 2	206H)		
L	ast 4 digits of account number		,		
	o multiple creditors have an	As of the petition filing date, the claim is:			
_	nterest in the same property? ■ No	Check all that apply Contingent			
_	_	■ Unliquidated			
in	Yes. Specify each creditor, icluding this creditor and its relative riority.	☐ Disputed			
	easing Associates of	Describe debtor's property that is subject to a lien		Unknown	Unknown
	Barrington, Inc.	peacrine denior a property that is subject to a lien			J

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Deb		e District C	ase number (if know)	1:16-bk-10015	-FEC
	Name Creditor's Name	One Advia Hematology System			
		One Advia Hematology System			
	220 North River Street Dundee, IL 60118				
	Creditor's mailing address	Describe the lien			
		Purchase Money Security			
		Is the creditor an insider or related party?			
	Creditor's email address, if known	■ No □ Yes			
	Creditor's email address, il known	☐ Yes Is anyone else liable on this claim?			
	Date debt was incurred	■ No			
	October 2015	☐ Yes. Fill out Schedule H: Codebtors (Official Form	n 206H)		
	Last 4 digits of account number				
	9810 Do multiple creditors have an	As of the petition filing date, the claim is:			
	interest in the same property?	Check all that apply			
	No	☐ Contingent			
	☐ Yes. Specify each creditor, including this creditor and its relative	☐ Unliquidated ☐ Disputed			
	priority.	_ Disputed			
2.6	Marlin Leasing Corp.	Describe debtor's property that is subject to a lie	n	\$0.00	\$0.00
	Creditor's Name	Trade Debt		<u> </u>	<u> </u>
	300 Fellowship Road Mount Laurel, NJ 08054				
	Creditor's mailing address	Describe the lien			
		Purchase Money Security			
		Is the creditor an insider or related party? ■ No			
	Creditor's email address, if known	■ No □ Yes			
		Is anyone else liable on this claim?			
	Date debt was incurred	No			
	October 2010	☐ Yes. Fill out Schedule H: Codebtors (Official Form	n 206H)		
	Last 4 digits of account number 9986				
	Do multiple creditors have an	As of the petition filing date, the claim is:			
	interest in the same property?	Check all that apply			
	■ No	☐ Contingent ☐ Unliquidated			
	☐ Yes. Specify each creditor, including this creditor and its relative	☐ Disputed			
	priority.	·			
2.7	Optum Bank, Inc.	Describe debtor's property that is subject to a lie	n \$1,	676,000.00	Unknown
	Creditor's Name	Real property located at 501 E Locust Lone Pine, CA 93545, and all rents aris			
		therefrom; all fixtures	omy		
	2525 Lake Park Boulevard	Office building in which the hospital is	3		
	Suite 110 Salt Lake City, UT 84120	located.			
	Creditor's mailing address	Describe the lien			
		Deed of Trust and Non Purchase Mone Security Interest	ey		
		Is the creditor an insider or related party?			
		■ No			
	Creditor's email address, if known	☐ Yes			
		Is anyone else liable on this claim?			
	Date debt was incurred	■ No	00010		
	February 2015	☐ Yes. Fill out Schedule H: Codebtors (Official Form	n ∠∪6H)		

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Deb	tor	Southern Inyo Healthcare	e District	Case number (if know)	1:16-bk-1001	5-FEC
	_	Name				
	Last	4 digits of account number				
	750°	-				
		nultiple creditors have an	As of the petition filing date, the claim is:			
		est in the same property?	Check all that apply			
	■ N	0	☐ Contingent			
			☐ Unliquidated			
		es. Specify each creditor, ding this creditor and its relative	'			
	priorit		Disputed			
	p	-y-				
	1 0:					
2.8		mens Financial	Book the Islands and all of the Islands		\$0.00	Unknown
		vices, Inc.	Describe debtor's property that is subject to a		Ψ0.00	Olikilowii
		or's Name	Various labratory equipment.			
		: Siemens Diagnostics				
		ancing Co.,				
	3850	0 Quadrangle Blvd.				
	MS.	AFS 466				
	Orla	ando, FL 32817				
		or's mailing address	Describe the lien			
		-	Purchase Money Security			
			Is the creditor an insider or related party?			
			<u> </u>			
			■ No			
	Credit	or's email address, if known	☐ Yes			
			Is anyone else liable on this claim?			
	Date	debt was incurred	■ No			
	Δnri	il 2012	Yes. Fill out Schedule H: Codebtors (Official	Form 206H)		
	•	4 digits of account number	Tes. I III out <i>Schedule II. Codebtors</i> (Official	1 01111 20011)		
	4558	_				
		nultiple creditors have an	As of the petition filing date, the claim is:			
		est in the same property?	Check all that apply			
	■ N		☐ Contingent			
		~				
		es. Specify each creditor,	Unliquidated			
		ding this creditor and its relative	☐ Disputed			
	priori	ty.				
	1					
2.9	1	mens Healthcare			Unknown	Unknown
		gnostics, Inc.	Describe debtor's property that is subject to a	a lien	Unknown	Unknown
	Credit	or's Name	Instrument: CA 530 seria # F3053			
	3850	0 Quadrangle Blvd.				
	MS	AFS 466				
	Orla	ando, FL 32817				
	Credit	or's mailing address	Describe the lien			
			Purchase Money Security			
			Is the creditor an insider or related party?			
			■ No			
	Credit	or's email address, if known	Yes			
			Is anyone else liable on this claim?			
	Date	debt was incurred	■ No			
	Mav	2012	☐ Yes. Fill out Schedule H: Codebtors (Official	Form 206H)		
	-	4 digits of account number	cc. 1 iii cat concaule 11. codebiors (cilicial	20011)		
	3419	_				
		nultiple creditors have an	As of the petition filing date, the claim is:			
		est in the same property?	Check all that apply			
	■ N		☐ Contingent			
			☐ Unliquidated			
		es. Specify each creditor,				
	priori	ding this creditor and its relative	☐ Disputed			
	p.1011	-y -				

Official Form 206D

Thermo Fisher Financial Services Inc. Describe debtor's property that is subject to a lien Abbott ISTAT 1 Upgrade from 200 Series 81 Wyman Street Waltham, MA 02454 Creditir's mailing addiess Describe the lien Purchase Money Security Is the creditor an insider or related party? No Date debt was incurred March 2013 Last 4 digits of account number 7699 Do multiple creditors have an interest in the same property? No US Foods, Inc. Creditir's mailing addiess. Describe debtor's property that is subject to a lien As of the petition filling date, the claim is: Checked in the claim	Southern Inyo Healthcare District		Case number (if know)	1:16-bk-10015-FEC	
BIT Wyman Street Waltham, MA 02454 Creditor's email address. If known Creditor's email address, if known Creditor's email address, if known Date debt was incurred March 2013 Last 4 digits of account number 7599 Do multiple creditors have an interest in the same property? No Ves. Fill out Schedule H: Codebtors (Official Form 206H) As of the petition filing date, the claim is: Check all that apply Contingent UIS Foods, Inc. Describe debtor's property that is subject to a lien Accounts, goods, inventory, equipment, fixtures, and vehicles together with the proceeds therefrom. Describe debtor's property that is subject to a lien Accounts, goods, inventory, equipment, fixtures, and vehicles together with the proceeds therefrom. Describe the lien Purchase Money Security Is the creditor an insider or related party? No Describe debtor's property that is subject to a lien Accounts, goods, inventory, equipment, fixtures, and vehicles together with the proceeds therefrom. Describe the lien Purchase Money Security Is the creditor an insider or related party? No Ves. Fill out Schedule H: Codebtors (Official Form 206H) Accounts, goods, inventory, equipment, fixtures, and vehicles together with the proceeds therefrom. Describe the lien Purchase Money Security Is the creditor and its relative proceeds therefrom. Describe the lien Purchase Money Security Is the creditor and its relative proceeds therefrom. Describe the lien Purchase Money Security Is the creditor and its relative proceeds therefrom. Describe the lien Purchase Money Security Is the creditor and its relative proceeds therefrom. In the same property of the petition filling date, the claim is: Ones all that apply Ves. Fill out Schedule H: Codebtors (Official Form 206H) Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. It is to the proceeds therefore. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. It is to	1 Thermo Fisher Financial Services Inc.			\$408.00	Unknown
Describe the lien Purchase Money Security Is the creditor an inaider or related party? Is the creditor and inaider or related party? Is the creditor and inaider or related party? Is the creditor and inaider or related party? Is the creditor shave an incurred ware property? No Yes. Fill out Schedule H: Codebtors (Official Form 206H)	81 Wyman Street	Abbott ISTAT 1 Upgrade from 200 Sel	ries		
No Yes sa anyone else liable on this claim? No Yes Sa anyone else liable on this claim? No Yes Fill out Schedule H: Codebtors (Official Form 206H)		Purchase Money Security			
Date debt was incurred March 2013 No Yes. Fill out Schedule H: Codebtors (Official Form 206H) Last 4 digits of account number 7699 No No Check all that apply	Creditor's email address, if known	■ No □ Yes			
Do multiple creditors have an interest in the same property? No Yes. Specify each creditor, including this creditor and its relative priority.	March 2013 Last 4 digits of account number	■ No	rm 206H)		
Disputed	Do multiple creditors have an interest in the same property? No	Check all that apply ☐ Contingent			
Using Foods, Inc. Creditor's Name 9399 West Higgins Road Suite 500 Des Plaines, IL 60018 Creditor's mailing address Describe debtor's property that is subject to a lien Accounts, goods, inventory, equipment, fixtures, and vehicles together with the proceeds therefrom. Describe the lien Purchase Money Security Is the creditor an insider or related party? I No Yes Is anyone else liable on this claim? Date debt was incurred November 2015 Last 4 digits of account number 8248 Do multiple creditors have an interest in the same property? No Yes. Specify each creditor, including this creditor and its relative priority. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$1,986,105.2 2 III 2: List Others to Be Notified for a Debt Already Listed in Part 1 stin alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agisgness of claims listed above, and attorneys for secured creditors. To others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.	including this creditor and its relative				
9399 West Higgins Road Suite 500 Des Plaines, IL 60018 Creditor's mailing address Describe the lien Purchase Money Security		Describe debtor's property that is subject to a li	en	\$35,539.19	Unknown
Describe the lien Purchase Money Security Is the creditor an insider or related party? In No In Yes Is anyone else liable on this claim? Date debt was incurred November 2015 Last 4 digits of account number 8248 Do multiple creditors have an interest in the same property? In No In Yes. Specify each creditor, including this creditor and its relative priority. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. Total of the dollar amounts of a Debt Already Listed in Part 1 It in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agingees of claims listed above, and attorneys for secured creditors. To others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.	9399 West Higgins Road Suite 500	fixtures, and vehicles together with the			
Creditor's email address, if known Yes Sea anyone else liable on this claim? No Yes Sea anyone else liable on this claim? No Yes Fill out Schedule H: Codebtors (Official Form 206H) As of the petition filling date, the claim is: Check all that apply Contingent Unliquidated Disputed Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$1,986,105.2 It is Others to Be Notified for a Debt Already Listed in Part 1 It in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agisgness of claims listed above, and attorneys for secured creditors.		Purchase Money Security			
November 2015 Last 4 digits of account number 8248 Do multiple creditors have an interest in the same property? No		☐ Yes			
Do multiple creditors have an interest in the same property? No Yes. Specify each creditor, including this creditor and its relative priority. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$1,986,105.2 It is Others to Be Notified for a Debt Already Listed in Part 1 tin alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection againness of claims listed above, and attorneys for secured creditors.	November 2015 Last 4 digits of account number		rm 206H)		
Yes. Specify each creditor, including this creditor and its relative priority. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$1,986,105.2 2 It 2: List Others to Be Notified for a Debt Already Listed in Part 1 It in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agisgnees of claims listed above, and attorneys for secured creditors. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$1,986,105.2 2 Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$2	Do multiple creditors have an interest in the same property?	Check all that apply			
Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. 2 List Others to Be Notified for a Debt Already Listed in Part 1 at in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection againness of claims listed above, and attorneys for secured creditors. To others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.	☐ Yes. Specify each creditor, including this creditor and its relative	_ `			
tt 2: List Others to Be Notified for a Debt Already Listed in Part 1 t in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agingees of claims listed above, and attorneys for secured creditors. o others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.	Total of the dollar amounts from Part 1	Column A including the amounts from the Addition	onal Page if any		
o others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.	rt 2: List Others to Be Notified for	a Debt Already Listed in Part 1			
	ignees of claims listed above, and attor	neys for secured creditors.	•	-	
	o others need to notified for the debts li Name and address	sted in Part 1, do not fill out or submit this page. If	On which line in	Part 1 did	Last 4 digits of account number fo
Capitol Corporate Services, Inc. 455 Capitol Mall Complex Suite 217	455 Capitol Mall Complex	Inc.	Line _2.10_		-

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Case number (if know)	1:16-bk-10015-FEC
Line 2.2	7001
Line _ 2.2	
Line _ 2.2 _	
Line _ 2.1	8001
Line _ 2.1 _	8001
Line _ 2.1 _	
Line _ 2.2 _	4812
Line _ 2.2	7001
Line _ 2.4 _	
Line _ 2.4 _	4638
Line _ 2.4 _	
Line _ 2.6 _	0018
Line _ 2.10 _	
Line _ 2.11 _	
	Line 2.2 Line 2.1 Line 2.1 Line 2.1 Line 2.1 Line 2.2 Line 2.2 Line 2.4 Line 2.4 Line 2.6 Line 2.10